

Work Order ID 84446 - 2

May-11-12 3:25:36 PM

\*84446\*

~~U/R~~

Page 1

Item ID: D4488-5  
Revision ID: ~~001~~ DA  
Item Name: Angle Clip

Start Date: 11/05/2012 Start Qty: 5.00  
Required Date: 25/05/2012 Req'd Qty: 5.00

Reference:

Approvals: Process Plan: MLC  
QC:

Date: 12/05/11 Tooling:  
Date: SPC (Y/N):

\*N9000040100\*

Setup Start \*NS1\*  
Stop \*NS2\*

Cust Item ID:  
Customer:

Run Start \*NR1\*  
Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr D4488 100 *100* Waterjet FLOW CNC Waterjet 6061-032	Revision Nbr -PA2 <del>001</del> <i>Rev B</i> DAS 15 13-1-8 FLOW WATER JET	0.00 0.00				5	0		Jm 12-5-31
110 *110* QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo	0.00 0.00				5	0		Jm 12-5-31
120 *120* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00							-inspected to PB1 Dy only Erz/06/01 (X)



NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Work Order ID 84446

May-11-12 3:25:36 PM

\*84446\*

Page 2

Item ID: D4488-5

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID: U/R

Stop \*NS2\*

Item Name: Angle Clip

Start Date: 11/05/2012 Start Qty: 5.00

\*5\*

Cust Item ID:

Required Date: 25/05/2012 Req'd Qty: 5.00

\*5\*

Customer:

Reference:

Run Start \*NR1\*

Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop \*NR2\*

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

Bend as per dwg  
NC BRAKE

0.00

\*130\*

Brake NC

Memo

0.00

Brake NC

150

QC5- Inspect part completeness to step on W/O

0.00 - inspect to PB1

\*150\*

QC

Memo

0.00

Quality Control

160

Chemical Conversion Coat per QSI005 4.1

0.00

\*160\*

HandFinish

Memo

0.00

Hand Finishing



5 MG 12-6-5



NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Work Order ID 84446

May-11-12 3:25:36 PM

\*84446\*

Page 3

Item ID: D4488-5

Revision ID: U/R

Item Name: Angle Clip

Start Date: 11/05/2012 Start Qty: 5.00

Required Date: 25/05/2012 Req'd Qty: 5.00

Reference:

Accept

\*N900040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Cust Item ID:

Customer:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID Tool # Plan  
Code Accept Reject Reject Insp.  
Qty Qty Number Stamp

170

\*170\*

Powdercoat  
Powder Coating

Gloss Grey (4.3.5.15) per QSI 005 4.3

0.00

0.00

Memo

START TIME:  
OVEN TEMPERATURE:  
FINISH TIME:

180

\*180\*

QC  
Quality Control

QC3- Inspect Part Finish

0.00

0.00

Memo

prime part according to QSI-CUS 4.2.1.3.2  
Tempo grey 4500PB-40B QC14/w/12 on 25 (4)

190

\*190\*

Packaging  
Packaging

Identify as per dwg & Stock Location: \_\_\_\_\_

0.00

0.00

Memo

⑤ B 12-06-26

AB 12-9-24 (4)

⑤ B 12-06-26

POSITIVE  
RECALL

203392

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other  <hr/> <hr/> <hr/>	



# Work Order ID 84446

May-11-12 3:25:36 PM

**\*84446\***

Page 4

Item ID: D4488-5

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID: U/R

Stop **\*NS2\***

Item Name: Angle Clip

Start Date: 11/05/2012 Start Qty: 5.00 **\*5\***

Cust Item ID:

Required Date: 25/05/2012 Req'd Qty: 5.00 **\*5\***

Customer:

Reference:

Run Start **\*NR1\***

Approvals: Process Plan: Date:

Tooling: Date:

Stop **\*NR2\***

QC: Date:

SPC (Y/N): Date:

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID Tool # Plan  
Code Accept Reject Reject Insp.  
Qty Qty Number Stamp

200

QC21- Final Inspection - Work Order Release

0.00

**\*200\***

QC

Memo

0.00

Quality Control

13/3/26 *[Signature]*  
13-1-17

POSITIVE RECALL  
EFFECTIVE 12/5/30 AUTH *[Signature]*  
RELEASED 8 DATE 13/3/26 *[Signature]*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



# Picklist Print

May-11-12 3:25:40 PM

Page 1

Work Order ID: 84446

\*84446\*

Parent Item: D4488-5

\*D4488-5\*

Parent Item Name: Angle Clip

Start Date: 11/05/2012

Required Date: 25/05/2012

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP REV:A 11.12.12 new issue DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M6061T6S.032

Purchased

No

100

sf

283.2160

0.0161

0.084737

\*\*

\*M6061T6S 032\*

6061-T6 Sheet 0.032"

Location

Loc Qty

Loc Code

MAT021

283.216

118106

46.606

120218

28.77

120285

42.24

121099

165.6

120218

JM  
12-5-3

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

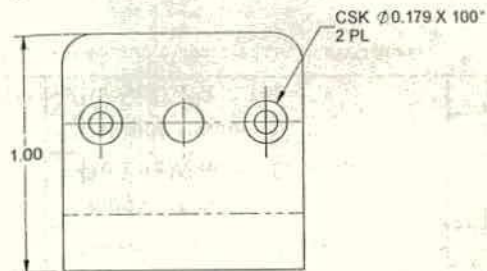
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

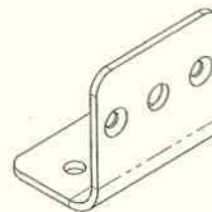
Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

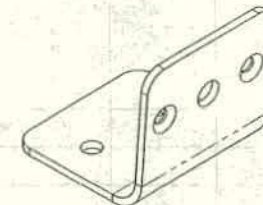
FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



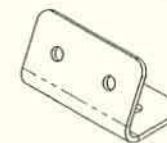
**D4488-1 CLIP**



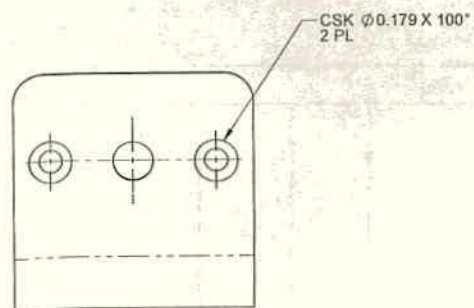
**D4488-1 CLIP**



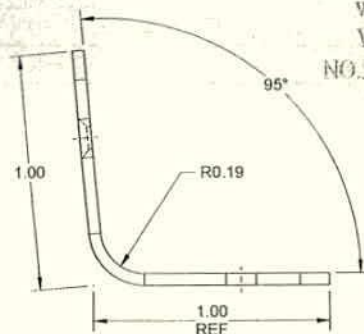
**D4488-3 CLIP**



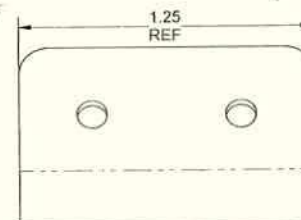
**D4488-5 ANGLE CLIP**



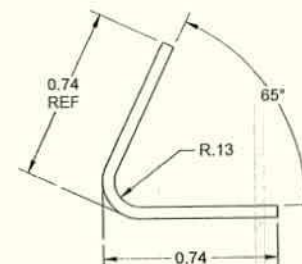
**D4488-3 CLIP**



SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. *84446 HCS*  
*12/05/11*



**D4488-5 ANGLE CLIP**



- NOTES:  
1) MATERIAL -1: MAKE FROM D4488-1F  
-3: MAKE FROM D4488-3F  
-5: MAKE FROM D4488-5F  
2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED  
4) UNITS: INCHES UNLESS OTHERWISE NOTED  
5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX  
6) IDENTIFICATION: N/A  
7) WEIGHT: 0.01 lbs

**PRELIMINARY B1**  
12.05.10 (AJS)

PB1	-5 REDESIGNED SEE REV A FOR DETAILS.	AJS	12.05.10
A	NEW ISSUE	AJS	12.03.02
REV.	DESCRIPTION	BY	DATE
DESIGN	AJS		
DRAWN	AJS		
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	12.05.10		

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. **D4488** REV. PB1  
SHEET 1 OF 2

TITLE **CLIP** SCALE  
NTS

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NCR: Yes / No

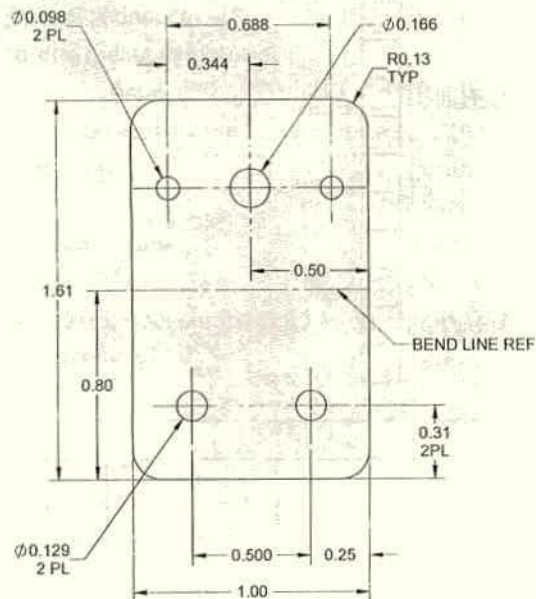
**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

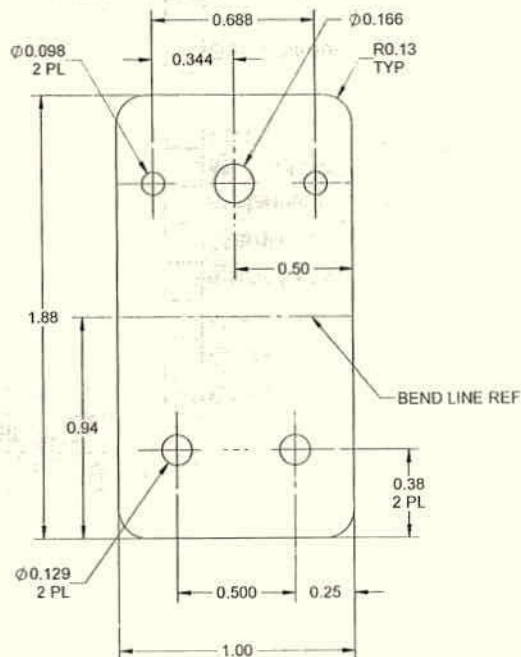
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

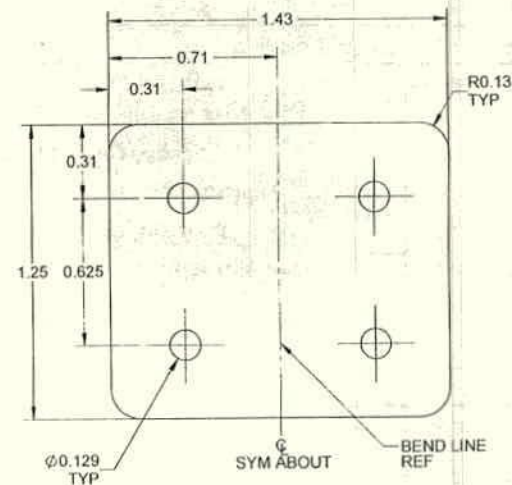
FAULT CATEGORY												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	



**D4488-1F CLIP**  
(FLAT PATTERN)



**D4488-3F CLIP**  
(FLAT PATTERN)



**D4488-5F ANGLE CLIP**  
(FLAT PATTERN)

**NOTES:**

- 1) MATERIAL -1 & -3: 6061-T6/T62 ALUMINUM SHEET, 0.050 THICK  
PER AMS 4025 OR AMS 4027 OR ASTM B209  
REF M6061T6S.060
- 5: 6061-T6/T62 ALUMINUM SHEET, 0.032 THICK  
PER AMS 4025 OR AMS 4027 OR ASTM B209  
REF M6061T6S.032
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.01 lbs

**PRELIMINARY B1**  
12.05.10 (AJS)

DESIGN	AJS	<b>DART AEROSPACE LTD</b>	
DRAWN	AJS	HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. PB
MFG. APPR.		<b>D4488</b>	SHEET 2 OF 2
APPROVED		TITLE	SCALE
DE APPR.		<b>CLIP</b>	NTS
DATE	12.05.10	COPYRIGHT © 2012 BY DART AEROSPACE LTD	
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT PERMISSION FROM DART AEROSPACE LTD.			

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other  <hr/> <hr/> <hr/>	





NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_


Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Doc/Data <input type="checkbox"/>											
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Material <input type="checkbox"/>											
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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

DART AEROSPACE LTD		Work Order:	E4496
Description: angle clip		Part Number:	D4488-5
Inspection Dwg: 34486	Rev: PB	Page 1 of 1	

[illegible]

Measured by:		Audited by:		Preliminary Approval:	
Date:		Date:	12/06/05	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	



NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
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# Receiving Report

Date:

12/01/13

Supplier:

MAGNA

Packing Slip:

Yes

☒

No

☐

Invoice:

Yes

☐

No

☒

Receipt:

Cash

☐

Cr

☒

Batch No:

218  
M#120100

Dart P/O:

15789

Release Note Attached:

Yes

☒

No

☐

N/A

Waybill Attached:

Yes

☒

No

☐

N/A

Shipment Complete:

Yes

☒

No

☐

N/A

QC6 Inspection

8/26/16

Work Order

Discrepancies		Quantity Ordered	Quantity Received	Quantity Returned	Quantity Short	Comments
Part Number	Description					

Initials of receiver (if shipment OK) Level 12

Production/Admin:

Date

Received/Costing

Initial

12/01/13  
[Signature]

Location

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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FAULT CATEGORY				
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**Magna Stainless**  
5775 Kieran St, Saint-Laurent QC H4S 0A3  
Phone: (514) 339-1211 Watts: 1-800-363-6646 Fax: (514) 339-1105

RECEIVED JAN 18 2012  
**INVOICE**

Pg 1 of 1 I053859

SOLD TO:00003858

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7

SHIP TO:  
DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7

MTR: Y

INVOICE DATE:	01/13/12
ORDER DATE:	01/05/12
SHIP DATE:	01/13/12
ORDER NUMBER:	W059535
PURCHASE ORDER:	PO15789

Currency		Sales Person		Ship Via		F.O.B.		Terms	
CANADIAN DOLLARS		CHRISTINA ANTONIOU		NIR:R-557065-1		PREPAID		NET 30 DAYS	

Ln	Back Ordered	Ordered	Unit	Description	Shipped	Price Per	Value
		6	PC	ALUMINUM - LB 6061 T6 .040" X 48 X 96 L057910 6 PC/111 LB MILL TEST PER QQA 250/11 OR AMS QQA 250/11 OR AMS 4027 OR ASTM B209	✓ 6 UN	126.00	756.00
		4	PC	6061 T6 .032 X 48 X 96 L057911 4 PC/59 LB MILL TEST PER QQA 250/11 OR AMS QQA 250/11 OR AMS 4027 OR ASTM B209	✓ 4 UN	135.00	540.00
		2	PC	6061 T6 .125 X 48 X 96 L057912 2 PC/115 LB MILL TEST PER QQA 250/11 OR AMS QQA 250/11 OR AMS 4027 OR ASTM B209	✓ 2 UN	361.00	722.00
		6	PC	ALUMINUM SHEET ASH 6061 T6 .063" x 48" x 96" L052018 6 PC/174 LB MILL TEST PER ASTM B209	✓ 6 UN	76.00	456.00

ENTERED JAN 20 2012

Ph: (613) 632-5200  
Fax: (613) 632-1053

01/16/12 10:37:38

PST Exmp No:EXEMPT

Merchandise:	2,474.00
Surcharges:	
No Tax Costs:	
HST	321.62
Total Due:	2,795.62

Title to the goods sent out on this invoice remains with Magna Stainless Div of CSM JLC until such time as this invoice has been paid in full. Unless otherwise noted terms are 30 days. Interest accrues on all overdue accounts at the rate of 1.5% per month compounded monthly.

Q.S.T. # 1213236471  
G.S.T. # 881565899 RT0001

NCR: Yes / No

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Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
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January 16, 2012 12:41:52 PM

All Vendors PO ID po15789 All Receipt Dates All Line Item Types  
All Item ID/GL/WOs All Rec. Employees All Currencies  
Grouped by Vendor ID

[illegible]



NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		



# Magna Stainless

5775 Kieran St, Saint-Laurent, Quebec H4S 0A3  
Phone: (514) 339-1211 Watts: 1-800-363-6646 Fax: (514) 339-1105



\*1053859\*

## PACKING LIST

Page 1 of 1

I053859

SOLD TO:  
DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7

SHIP TO:  
DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7

### SPECIAL INSTRUCTIONS

ITEM 1/2/3 INC 17461  
ITEM 4 STOCK

Contact: C.LAVOIE

Ship Terms: PREPAID

MTR:C

Currency	Sales Person	Customer Phone	Customer Fax	Customer PO	
CANADIAN DOLLARS	CHRISTINA ANTONIOU	(613) 632-5200	(613) 632-1053	PO15789	
Sales Order	Terms	Ship Via	Date Ordered	Date Required	Date Shipped
W059535	NET 30 DAYS	NIR:R-557065-1	01/05/12	01/12/12	01/13/12

Ordered	Back Ordered	Unit	Description	Bundle #	Heat #	Shipped
6		PC	ALUMINUM - LB 6061 T6 .040" X 48 X 96 111 LB / 6 PC MILL TEST PER QQA 250/11 OR AMS QQA 250/11 OR AMS 4027 OR ASTM B209	L057910	22840-01	✓ 6 6
4		PC	6061 T6 .032 X 48 X 96 59 LB / 4 PC MILL TEST PER QQA 250/11 OR AMS QQA 250/11 OR AMS 4027 OR ASTM B209	L057911	<del>22840-01</del>	✓ 4 4
2		PC	6061 T6 .125 X 48 X 96 115 LB / 2 PC MILL TEST PER QQA 250/11 OR AMS QQA 250/11 OR AMS 4027 OR ASTM B209	L057912	22560-01	✓ 2 2
6		PC	ALUMINUM SHEET ASH 6061 T6 .063" x 48" x 96" 174 LB / 6 PC MILL TEST PER ASTM B209	L052018	112421	6 6
Skids: 1			Date: 01/01/18		Approx Weight:	459 LB

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO15789

Purchase Order Date 1/04/12

PO Print Date 1/04/12

Page Number 1 of 2

Order From :

VC-MAG002

MAGNA STAINLESS  
5775 RUE KIERAN  
ST LAURENT, QC H4S 0A3  
CA

Contact Name  
Vendor Phone 800 363 6646  
Vendor Fax 514 339 1105  
Vendor Account Nbr

Buyer Chantal Lavoie  
Requisition Nbr  
Tax Resale Nbr 10127-2607  
Terms Net 30  
Currency CAD  
FOB Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

FAKED  
C. Lavoie

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	M6061T6S.063 021	6061-T6 .063 Sheet	1/10/12 Yes	✓ 192.00 sf	Yours ppd	\$2.3750	\$456.00
		Special Inst: MATERIAL: 6061-T6 /T62 ALUMINUM SHEET AS PER QQ-A-250/11 OR AMS-QQ-A- 250/11 OR AMS 4027 OR ASTM B209					
2	M6061T6S.040 21	6061-T6 .040 Sheet	1/10/12 Yes	✓ 192.00 sf	Yours ppd	\$3.9375	\$756.00
		Special Inst: AS ABOVE					
3	M6061T6S.032 21	6061-T6 Sheet 0.032"	1/10/12 Yes	✓ 128.00 sf	Yours ppd	\$4.2188	\$540.00
		Special Inst: AS ABOVE					
4	M6061T6S.125 021	6061-T6 .125 Sheet	1/10/12 Yes	✓ 64.00 sf	Yours ppd	\$11.2812	\$722.00

2/1/13

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required when applicable

Change Nbr: 1

Change Date: 1/04/12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
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Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

**MAGNA INOXYDABLE  
INC.**

5775 RUE KIERAN  
ST-LAURENT, QUEBEC  
H4S 0A3 (514) 339-1211, 1-800-363-6646

**CERTIFICAT DE CONFORMITE  
CERTIFICATE OF CONFORMANCE**

**DATE:** January 13, 2012

**COMPAGNIE / DART AEROSPACE  
COMPANY:  
ATTENTION:**

**VOTRE/YOUR #:** P015789

**DATE DE LA COMMANDE / 01/05/12  
ORDER DATE:**

**NOTRE / OUR #:** I053859

<u>DESCRIPTION</u>		<u>QUANTITE/QUANTITY</u>	<u>SPECIFICATIONS</u>
<b>TYPE:</b>	6061 T6	4PC	AMS- QQ-A 250/11
<b>SIZE:</b>	48" X 96" X 0.32"		
<b>HEAT #:</b>	116631		

**MILL SOURCE: ALCOA**

Magna Stainless certifie que le matériel décrit ci-dessus, s'accorde aux dessins ou aux spécifications demandées sur le bon de commande et qui sont en vigueur à la date où la commande est acceptée.  
Magna Stainless certifies that the material described above is in accordance with the drawing or specifications called for on said order that is current on the date order was accepted.

**MAGNA  
MTR #: L057911**

Signed: Barry M. [Signature]





NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

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Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

17461

C045809

## CERTIFIED INSPECTION REPORT

We hereby certify that the material covered by this certificate has been inspected with, and has been found to meet the applicable requirements described therein, including any specifications forming a part of the certificate and that samples representative of the material meet the composition limits and have the mechanical properties shown on the face of this sheet.

This test report shall not be reproduced except in full, without the written approval of the Quality Department. No alteration, addition or other change is authorized to be made to this certificate. The recording of false, fictitious, or otherwise fraudulent statements or omissions on this certificate by any individual may be punished as a felony under applicable law.

Malcolm Murphy  
Director of Manufacturing Inspection Works

Tension Thom  
Quality Assurance Manager

Alcoa Inc.

DAVENPORT WORKS 4879 State Street Bettendorf, IA 52722

Ship From: RIVERDALE, IA.

1253644	0			
Ship Date	B.L. No.	Invoice No.	Alcoa No.	Item
2011-06-07	5983295	00000	1000279431-1	DS-79431-01-1
P.O. No./Overt Contract No.				
P10224DK002				

Page 1 of 2

## Item Description

0.032 IN TK (+0.0000 - .0025) X 48.0 IN W (+.125 - .129) X 96.0 IN LN (+.125 - .129) (IN) N/T 6061-T6 FLAT SHEET FOR DISTRIBUTORS  
TOLERANCE GUARANTEED, EXC MRK AMS4027  
REV N ASTM209 REV 07 ((MARKED)) KRAFT  
PAPER INTERLEAVED MAX GROSS SKID WGT: 4500 LB QUAN TOL: +/- 30 \* CQR 0228020 REV 01 CUST REQ 11-06-06 \*\*\* N/R 11-06-11 \*\*\*

Num	Package Ticket	Lot	Weight	Quantity	UOM	Inspector Clock Numbers
1	309810	116631	3017	222	PC	27707 46964

Notes For CQR: 0228020.1

PRODUCT PRODUCED TO THE REQUIREMENTS OF AMS4027 REV N ALSO MEET THE REQUIREMENTS OF AMS-QQ-A-250\_11 ORIGINAL REVISION DATED 1997-08-01.

CQR: 0228020.1 - Specification Limits

Temp	Dir	UTS	TYS	ELAD
T6	Long Transv.	KSI	KSI	PCT
Max		42.0	35.0	10
Min				

Chemical Composition	SI	FE	CU	MN	MG	CR	ZN	TI	Other	Other
Alloy 6061	Max	0.8	0.7	0.40	0.15	1.2	0.35	0.25	0.15	0.05
Lot 116631	Min	0.40		0.15		0.8	0.04			

- Mechanical, Physical, Metallography, Quantometer Results

Temp	Dir	No. ->	UTR	TYS	ELAD
T6	Long Transv.	Test	KSI	KSI	PCT
2			49.6	41.4	13
			49.8	41.3	13.3

S126016

P17461

Inc 01-10-12

SECTION 005-2 MAGNA STAINLESS POI D017461 PART #:  
4,00PC 59,00LB

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

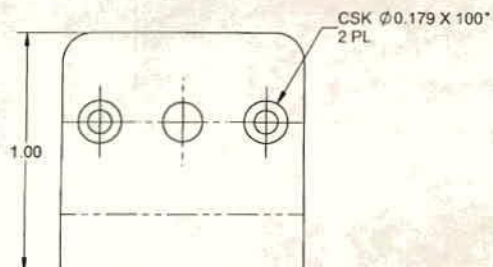
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Process											
Supplier											
Training											
Unapproved											

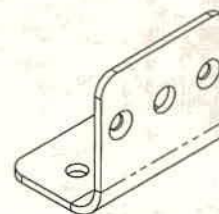
  

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

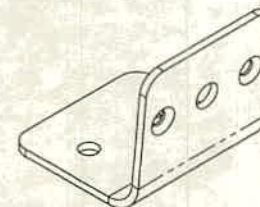




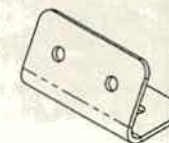
**D4488-1 CLIP**



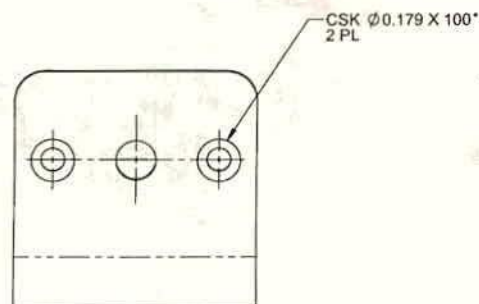
**D4488-1 CLIP**



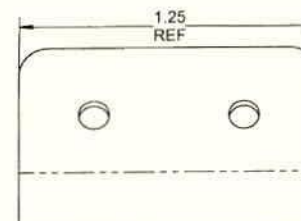
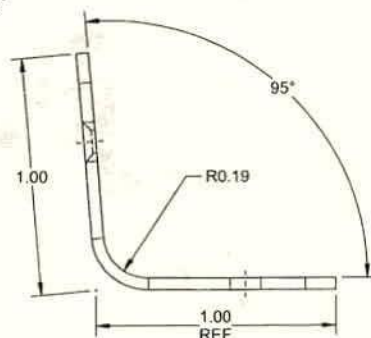
**D4488-3 CLIP**



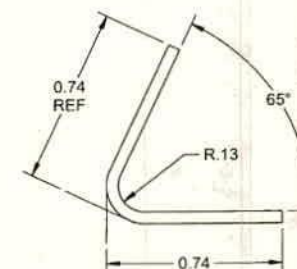
**D4488-5 ANGLE CLIP**



**D4488-3 CLIP**



**D4488-5 ANGLE CLIP**

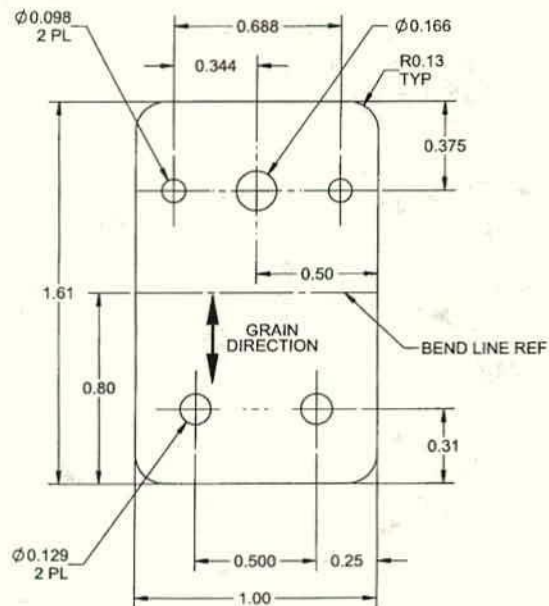


**NOTES:**

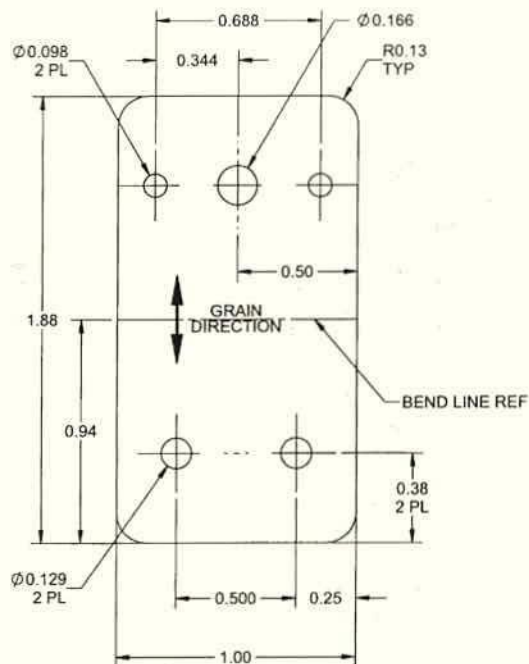
- 1) MATERIAL -1: MAKE FROM D4488-1F  
-3: MAKE FROM D4488-3F  
-5: MAKE FROM D4488-5F
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME TEMPO GREY (4.2.1.3.2) PER DART QSI005 4.2
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.01 lbsEA

RELEASED  
2012-09-26

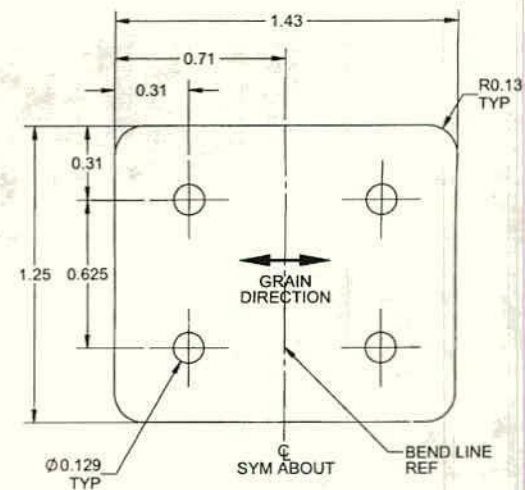
B	-1/-5 REDESIGNED SEE REV A FOR DETAILS. ADDED PRIMER NOTE	AJS	12.09.11
A	NEW ISSUE	AJS	12.03.02
REV.	DESCRIPTION	BY	DATE
DESIGN	AJS	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	AJS		
CHECKED	A.P.	DR-WING NO.	REV. B
MFG. APPR.		<b>D4488</b>	SHEET 1 OF 2
APPROVED		TITLE	SCALE
DE APPR.		<b>CLIP</b>	NTS
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**D4488-1F CLIP**  
(FLAT PATTERN)



**D4488-3F CLIP**  
(FLAT PATTERN)



**D4488-5F ANGLE CLIP**  
(FLAT PATTERN)

**NOTES:**

- 1) MATERIAL -1 & -3: 6061-T6/T62 ALUMINUM SHEET, 0.050 THICK  
PER AMS 4025 OR AMS 4027 OR ASTM B209  
REF M6061T6S.050
- 5: 6061-T6/T62 ALUMINUM SHEET, 0.032 THICK  
PER AMS 4025 OR AMS 4027 OR ASTM B209  
REF M6061T6S.032
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.01 lbs

RELEASED  
2012-09-18  
MP

DESIGN	AJS	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	AJS		
CHECKED	A.P.	DRAWING NO. <b>D4488</b>	REV. B
MFG. APPR.	MP		SHEET 2 OF 2
APPROVED	MP	TITLE <b>CLIP</b>	SCALE NTS
DE APPR.	MP		
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